AccuReview

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[Date notice sent to all parties]: November 11, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Paravertebral Facet Joint or Facet Joint Nerve-Facet block @ L3-4 and L5-S1 left

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified in Anesthesiology with over 13 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who sustained an injury while at work on xx/xx/xx. She reported cleaning a freezer that had melted ice cream, and stated she had to take multiple heavy buckets of ice cream out when she felt pain in her right hip coming from her lower back.

:MRI Lumbar Spine. Impression: Slight disc bulges at L4-5 and L5-S1. Ligamentum flavum hypertrophy L3-S1. No canal or foramina narrowing.

:Status Report: Follow-Up Evaluation: LBP 7/10. Lumbar Spine: Claimant stated that overall the symptoms have decreased and ROM has increased. Radiating pain has remained the same right LE, numbness and tingling remained the same right LE. PE: unchanged, remained the same. DX: Bilateral Sprain of lumbar 847.20, Right Sciatica 724.30, Right Sprain hip & thigh NEC – Sprains and Strains of other specified sites of hip and thigh 843.80. Physician's note: reason for continuing PT: to increase ROM and decrease pain. Recommendations: continue PT, Naprosyn 500mg, Refer for ESI, considering continuing radicular symptoms, heat to affected area, referral to the ESI.

:Physical Therapy Daily Note. CC: claimant stated she still has constant pain in right leg that radiates into groin that she described as throbbing. Assessment: Claimant with increased lordotic curve during ambulation and sit to stand transfers. Claimant demonstrated fair core contraction today required for proper body mechanics during lifting items off the floor. Claimant would benefit from continued skilled PT to address remaining limitations with lifting, bending, squatting and carrying required work. Plan: continue therapy for reducing impairments and improving functional performance, increasing ROM and strength functional mobility, essential function performance and instruction in a

progressive HEP.

:Physical Therapy Daily Note. CC: claimant reported numb feeling on the right side from lower back down right leg. Assessment: Claimant displayed limited mobility while performing lumbar extension exercises and had reports of mild shooting pain during performance. Claimant was able to perform therapeutic exercise but with slow pacing secondary to reports of increased pain post treatment. Claimant may benefit to continued skilled PT to address remaining deficits that's enabling claimant from being able to stand for long periods of time, lift, bend, squat and carry boxes for work pain free at prior level of function. Plan: Continue therapy for reducing impairments and improving functional performance, increasing ROM and strength to promote functional mobility, essential function performance and instruction in a progressive HEP.

:Office Visit. CC: LBP that radiates. PE: SLR negative bilaterally, facet pain on spine rotation/extension/flexion and palpation in the lumbar region pain in the lumbar facets on the left at the L5-S1 and at the L4-5. Assessment: Lumbar strain 847.2, lumbosacral sprain 846.0. Plan: lumbar facet block medial branch of the dorsal ramus L5-S1 and L4-5 levels on the left x 1.

:UR. Reason for denial: Within the medical information available for review, there is documentation of low-back pain at no more than two levels bilaterally, failure of conservative treatment (home exercise programs, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. However, given documentation of subjective findings (low back pain radiating to right leg with occasional numbness on the right foot), there is no (clear) documentation of low-back pain that is non-radicular. In addition, there is no documentation of no previous fusion procedure at the planned injection level. Therefore, certification of the requested Lumbar facet medial branch block of the dorsal ramus L5-S1 level and L4-5 level on the left is not recommended.

Office Visit. CC: LBP with no significant changes noted. Assessment: Lumbar strain 847.2, lumbosacral sprain 846.0. Plan: lumbar facet block medial branch of the dorsal ramus L5-S1 and L4-5 levels on the left x 1. If successful, RFA with PT. F/U PRN.

:UR. Reason for denial: Evidence based guidelines necessitate documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session to support the medical necessity of a lumbar facet joint injection/medial branch block. In addition, evidence based guidelines necessitate documentation of no previous fusion procedure at the planned injection level. Within medical information available for review, there is documentation of low-back pain at no more than two levels bilaterally, failure of conservative treatment (home exercise programs, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. However, given documentation of subjective findings (low back pain radiating to right leg with occasional numbness on the right foot), there is no (clear) documentation of low-back pain that is non-radicular. In addition, there is no documentation of no previous fusion procedure at the planned injection level. Therefore, certification of the requested Lumbar facet block at L3-4 and L5-S1 left is still not recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are upheld and agreed upon. Evidence based guidelines necessitate documentation of low back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment. Additionally, guidelines necessitate documentation of no previous fusion procedure at the planned injection level. Based on records provided, there is documentation of low-back pain at no more than two levels bilaterally, failure of conservative treatment (home exercise programs, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. However, there is no clear documentation of low-back pain that is non-radicular. In addition, it is not clear that claimant did not have previous fusion procedure at the planned injection level. Therefore, after reviewing the medical records and documentation provided, the request for Paravertebral Facet Joint or Facet Joint Nerve-Facet block @ L3-4 and L5-S1 left is non-certified.

Per ODG:

Facet joint medial branch blocks (therapeutic injections)	Not recommended except as a diagnostic tool. Minimal evidence for treatment. *Pain Physician 2005:* In 2005 *Pain Physician* published an article that stated that there was moderate evidence for the use of lumbar medial branch blocks for the treatment of chronic lumbar spinal pain. (Boswell, 2005) This was supported by one study. (Manchikanti, 2001) Patients either received a local anesthetic or a local anesthetic with methyl prednisolone. All blocks included Sarapin. Sixty percent of the patients overall underwent seven or more procedures over the 2½ year study period (8.4 ± 0.31 over 13 to 32 months). There were more procedures recorded for the group that received corticosteroids that those that did not (301 vs. 210, respectively). ["Moderate evidence" is a definition of the quality of evidence to support a treatment outcome according to *Pain Physician.*] The average relief per procedure was 11.9 ± 3.7 weeks. *Pain Physician 2007:* This review included an additional randomized controlled trial. (Manchikanti2, 2007) Controlled blocks with local anesthetic were used for the diagnosis (80% reduction of pain required). Four study groups were assigned with 15 patients in each group: (1) bupivacaine only; (2) bupivacaine plus Sarapin; (3) bupivacaine plus steroid; and (4) bupivacaine, steroid and Sarapin. There was no placebo group. Doses of 1-2ml were utilized. The average number of treatments was 3.7 and there was no significant difference in number of procedures noted between the steroid and non-steroid group. Long-term improvement was only thought to be possible with repeat interventions. All groups were significantly improved from baseline (a final Numeric Rating Scale score in a range from 3.5 to 3.9 for each group). Significant improvement occurred in the Oswestry score from baseline in all groups, but there was also no significant difference between the groups. There was no significant difference in opioid intake or employment status. There was no explanation posited of why there was no difference in results between the steroid and non-steroid groups. This study was considered positive for both short- and long-term relief, although, as noted, repeated injections were required for a long-term effect. Based on the inclusion of this study the overall conclusion was changed to suggest that the evidence for therapeutic medial branch blocks was moderate for both short- and long-term pain relief. (Boswell2, 2007) Psychiatric comorbidity is associated with substantially diminished pain relief after a medial branch block injection performed with steroid at one-month follow-up. These findings illustrate the importance of assessing comorbid psychopathology as part of a spine care evaluation. (Wasan, 2009) The use of the blocks for diagnostic purposes is discussed in Facet joint diagnostic blocks (injections). The AHRQ comparative effectiveness study on injection therapies for LBP concluded that facet joint corticosteroid injections are not effective for presumed facet joint pain. (Chou, 2015) See also Facet joint intra-articular injections (therapeutic blocks).
Facet joint intra-articular injections (therapeutic blocks)	**Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows:** 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**